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Dexter CHIN

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PTO/SB/17 (12-04v2)
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Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information upless it displays a valid OMB control number Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 10/507,408 FEE TRANSMITTA Filing Date May 24, 2005 For FY 2005 First Named Inventor Rudi FRENZEL Examiner Name Samuel A. DILLON Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2185 TOTAL AMOUNT OF PAYMENT 790.00 Attorney Docket No. IFX P 2003 NAT 05 WOUS METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order JNone ↓ Other (please identify): Deposit Account Deposit Account Number: 50-2388 Deposit Account Name: Horizon IP Pte Ltd For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments winder 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Eee (\$) Eee.(\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissuc 300 150 500 250 600 300 Provisional 200 O 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Feq (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 37 CFR 1,17(9) 790.00 SUBMITTED BY Signature Registration No. Telephone +65 9836 9908 38.842

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date May 07, 2007

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a vaild OMB control number. Request Application Number for May 24, 2005 Continued Examination (RCE) Filing Date Rudi FRENZEL **Transmittal** First Named Inventor Address to: 2185 Art Unit Mail Stop RCE Commissioner for Patents Samuel A. DILLON **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number IFX P 2003 NAT 05 WOUS This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on li. Other ь. 🗸 Enclosed]/] Amendment/Reply Information Disclosure Statement (IDS) ii. Affidavit(s)/ Declaration(s) Other Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a _ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. Fees The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to **V** Deposit Account No. 50-2388 I have enclosed a duplicate copy of this sheet. i. RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) ii. Other_ iii. Check in the amount of \$ ____ enclosed Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED. Signature Date Mar 07, 2007 Name (Print/Type) Dexter CHIN Registration No. CERTIFICATE OF MAILING OF TRANSMISSION Thereby certify that this correspondence is being deposited with the United States Postol Service with sufficient postage as first class mail in an exvelope addressed to: Mail Stop RCE. Commissional for Potents, P. O. Bex 1450, Alexandria, VA 22313 1150 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. Signature Kalywww.
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